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FEE TRANSMITTAL	Complete if Known			
for FY 2004	Application Number	09/963,819		
Pased fees any subject to annual revision.	Confirmation Number	1184		
	Filing Date	September 26, 2001		
	First Named Inventor	Bredo et al.		
	Examiner Name	F. L. Stinson		
	Art Unit	1746		
TOTAL AMOUNT OF PAYMENT (\$)420.00	Attorney Docket No.	CM2435		

	METHOD OF PAYMENT			FEE CALCULATION (continued)			
1. [X	The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge say additional (he(s) during the pendency of this application to:		3. A		ONAL FEES  Fee Description	Fea Paid	
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	Deposit Account Number: 16-2480		1052			at []	
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				1804	920*	Requesting publication of SIR prior to	
						Examiner's action	0
	FEE CALCULATION			1805	1,840*	Requesting publication of SIR after	
<u> </u>						Examiner's action	Ð
I. BA	1. BASIC FILING FEE - Large Butity			1251	110	Extension for reply within I" month	O
				1252	420	Extension for reply within 2 <sup>rd</sup> month	[420]
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1001	770 Utility filing fee	()		1254	1,480	Extension for reply within 4th month	ñ
1002	340 Design filing for	O		1255	2,010	Extension for reply within 5th month	õ.
	770 Reissus filing foc	Ð		1401	330	Notice of Appeal	Ö
1005	160 Provisional filing	foc []		1402	330	Filing a brief in support of an appeal	O
	_			1403	290	Request for eral hearing	0
SUBTO	OTAL (1)	(\$) 0 <b> </b>		1451	1.510	Petition to institute a public use proceeding	0
		·		1452	110	Petition to revive - unavoidable	0
2. EXT	TRA CLAIM PEES FOR UT	TLITY AND REISSU	E — Lorge Balky	1453		Position to revive - unintentional	D D
İ				1501	1,330	Utility issue fee (or reissue)	0
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l		Claims Below	<u>Paid</u>	1460	130	Petitions to the Commissioner	O
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OF TIL	** or number previously paid, if greater; For Reissues, see below					(37 CFR § 1.129(a))	0
Code	(5) Fee Description	•	1	1810	770	For each additional invention to be	
1202	18 Claims in excess of 2	۰۸		1801	770	examined (37 CFR §1.129(b)  Request for Continued Examination (RCE)	Ü
1201	86 Independent claims i			1802	900		0
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	1203 290 Multiple dependent claim, if not paid		1454		Acceptance of unintentionally delayed claim for	0 .	
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SUBMITTED BY Complete (if applicable)
Telephone (513) 627-4593 Name (Print/Type) Thibault Fayette

PAGE 4/8\* RCVD AT 7/26/2004 5:23:52 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID:513 627 8118 \* DURATION (mm-ss):02-40

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